2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003
Secretary of State

DOCUMENT# P94000059150

Entity Name: G.I.S. TECHNOLOGY TRANSFER NETCORP, INC.

Current Principal Place of Business:

5501 E LONGBOAT BLVD
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 260235
TAMPA, FL 33685 US

New Mailing Address:

FEI Number: 59-3260823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL, ANDREW B
PO BOX 260235
TAMPA, FL 33685 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DCP ( ) Delete
Name: GUEVARA, JOSE A
Address: 5501 E LONGBOAT BLVD
City-St-Zip: TAMPA, FL 33615

Title: DV ( ) Delete
Name: SPIEGEL, ANDREW B
Address: 702 CHIDESTER AVE
City-St-Zip: GLEN ELLYN, IL 60137

Title: DV ( ) Delete
Name: GUEVARA, MARITZA C
Address: 5501 E LONGBOAT BLVD
City-St-Zip: TAMPA, FL 33615

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV ( ) Change (X) Addition
Name: DIAZ, OSCAR
Address: PO BOX 260235
City-St-Zip: TAMPA, FL 33685 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE ARMANDO GUEVARA DCP 02/19/2003

Electronic Signature of Signing Officer or Director Date